

Bureau of Primary Health Care Oral Health Program

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BACKGROUND

The burden of oral health disease restricts activities in school, work, and home, and often significantly diminishes the quality of life. The populations served by health centers often experience significant barriers to accessing oral health services. The oral health care needs of low-income, minority, rural, and vulnerable population groups continue to be greater than those of the general population, and access to oral health services is the primary reason for those disparities. The BPHC has made access to oral health services for underserved populations a priority for FY 2003. BPHC is offering grant opportunities to initiate or expand oral health services at sites that lack those services in order to help health centers improve access to care for their patients.

Health Center Oral Health Programs

Health Centers (HCs) were first funded by the Federal Government as part of the War on Poverty in the mid-1960s. These centers were designed to provide accessible, affordable personal health care services to low income families and communities that lacked access to primary health care services. The very first health centers included a dental program . Currently, the Federal Health Center grant program is authorized under section 330 of the Health Centers Consolidation Act of 1996.

Mission

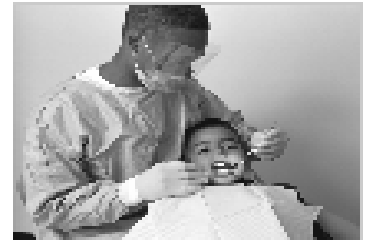
Health Centers (HCs) provide family-oriented primary and preventive health care services for people living in rural and urban medically underserved communities. HCs exist in areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial portion of the population; and they tailor services to the needs of the community. Primary oral health care is an integral component of the comprehensive primary care services provided in health centers.

BPHC Programs

- **Consolidated Health Center Programs**
 - Community Health Centers
 - Migrant Health Centers
 - Homeless Health Centers
 - Public Housing Primary Care
 - Healthy Schools, Healthy Communities

BPHC Programs

- **Other Programs**
 - **Native Hawaiian Health Care**
 - **Black Lung Clinics**
 - **Radiation Exposure Screening and Education Program**
 - **Hansen's Disease Program**
 - **Immigration Health Services**
 - **Drug Pricing Program 340B**
- **Service Expansion**
 - **Mental Health**
 - **Substance Abuse**
 - **Oral Health**
 - **Pharmaceutical Services**



Definition of Comprehensive Primary Oral Health Care

Comprehensive primary oral health service is defined as personal oral health care, delivered in the context of family, culture, and community, that includes all but the most specialized oral health needs of the individuals being served. The range of services should include preventive care and education, emergency services, basic restorative services, and periodontal services. Additional services may include basic rehabilitative services that replace missing teeth to enable the individual to eat, benefit from enhanced self-esteem, and have increased employment acceptability.

" The President's Health Center Initiative"

Background

Goal

- To strengthen the health care safety net for those most in need

Performance Measures

- 1200 new or expanded health center access points
- Serve an additional 6 million people
- Maintain commitment to community-based programs

The President's Health Center Initiative

OPPORTUNITIES AND CHALLENGES

Ultimate Objective:

- manage the growth of health centers so that funds provide quality health care to the greatest number of underserved and vulnerable people

Critical Elements for Managed Growth:

- identification/verification of needs
- community/board development
- human resources
- facilities
- clinical and management systems
- outreach to special populations (e.g. homeless persons, migrant farm workers, school children, residents of Public Housing, etc.)

BPHC Oral Health Program

- Access to oral health services is a HRSA/BPHC priority. BPHC has five oral health program strategies within the President's Initiative:
 1. Establishment of new oral health care capacity in all new access points;
 2. Establishment of new oral health care capacity in existing centers with no oral health services;
 3. Expansion of oral health care capacity in existing Health Centers with oral health services;
 4. Improvement in the quality of care and management of oral health care programs in Health Centers and
 5. Statewide Oral health systems development

BPHC Oral Health Program

- In FY 2002 HRSA/BPHC invested an estimated \$14.4M to establish new oral health care services in new sites, and an additional \$4.4 M in 2003
- \$17.5M to expand and improve quality in existing sites in support the President's Initiative and an additional 2.6M in 2003..
- 114 new and expansion grants were funded in 2002 and an additional 46 in 2003.
- It is projected that 132,000 new dental patients will be seen at these new sites as a result of FY2002 funding activities and an additional 46000 in 2003
- New health center sites, established by either new or existing grantee organizations, will provide primary care access points for populations not currently being served.

BPHC Oral Health Program

- Creating New Access Through Community Development, Expansion, and Partnerships

In FY 2002 , BPHC Office of State and National Partnerships awarded \$184,820 for Statewide Community-Based Oral Health Systems Development to State Primary Care Associations to:

- (1) support Statewide efforts to establish or expand community-based oral health services; and**
- (2) maximize reimbursement, eligibility and enrollment for community-based oral health services in community-based delivery sites and systems.**

BPHC Oral Health Program

- Integrated Services Development Initiative

In FY 2002 the BPHC Community and Migrant Health Center Program awarded \$200,832 through the Integrated Services Development Initiative (ISDI) for the creation and development of oral health networks of safety net providers that will ensure access to oral health care for the medically underserved, including the uninsured and underinsured. Oral Health Delivery Networks were created in Colorado and Missouri.

BPHC Oral Health Program

- The BPHC National Primary Oral Health Care Conference and Best Practices Database
- BPHC sponsors the Annual National Primary Oral Health Care Conference that focuses on Best Practices in Providing Oral Health Care Services to Low income and disadvantaged populations served by Health Center Programs
- The Best Practices database is a compilation of evidenced - based strategies and techniques designed to improve quality management systems for oral health, improve access to primary oral health care, create new delivery systems, and provide guidance for creating local linkages and partnerships.

BPHC Oral Health Program

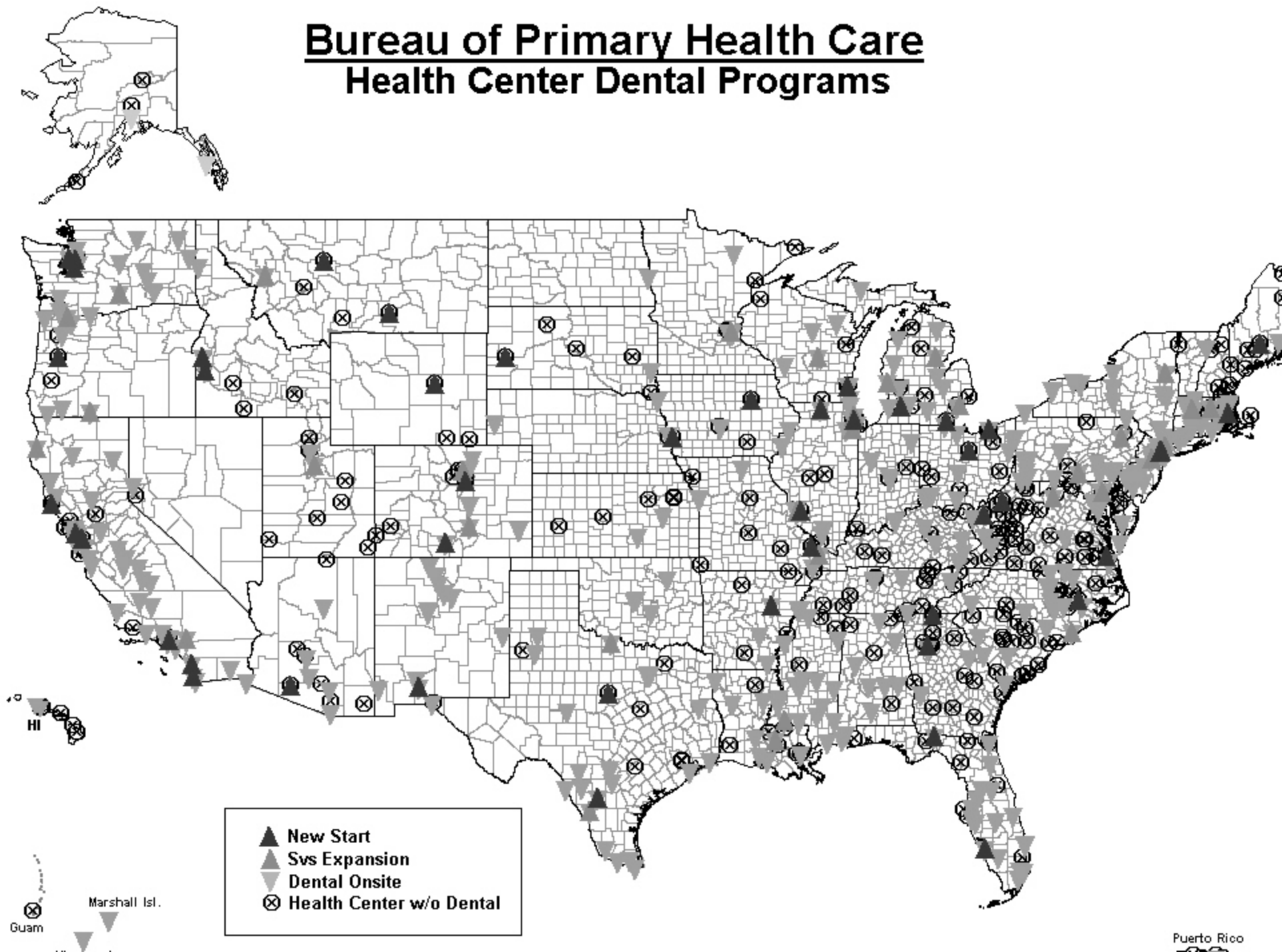
- Oral Health is an integral component of the BPHC Health Disparities Collaborative
- Oral Health Clinical Quality Improvement activities are included in the Diabetes Collaborative and the Prevention Collaborative

Profile of Oral Health Programs in Health Centers

According to the FY 2001 Uniform Data System information, there were 747 Health Center programs in the Consolidated Health Center Cluster. The Cluster includes:

- - Community Health Centers - 682
- - Migrant Health Centers – 124
- - Homeless Health Centers – 154
- - Healthy Schools Programs – 78
- Public Housing Primary Care Programs – 32
- (*duplicated numbers)

Bureau of Primary Health Care Health Center Dental Programs



Health Center Programs Rural/Urban

- **388 Rural Health Center Programs**
- **359 Urban Health Center Programs**

Health Centers

- The number of Health Center Programs in 2002 that have onsite dental programs was 530 or 77%.
- The number of Dental Users was 1,644,917 or 14% of total health center users.
- The 6 year goal is for 90 % of Health Centers to provide access to Primary Oral Health Care Services

Health Center Visits (2002 UDS)

- The number of dental program visits was 3,787,923 or 14%.
- Dentist visits were 3,349,319 (86%) and
- Dental hygienist visits were 438,604 (14%).

Oral Health Care Professional Staff

- There were 1,052 Dentist FTEs in Health Center Programs and
- 316 Dental Hygienist FTEs.
- There are 5 Physician FTEs to 1 Dentist FTE in the Health Center Program.

Oral Health Care Costs

- The cost per dental user after allocated overhead was \$275
- and cost per dental encounter was \$120.

Challenges for Health Center Oral Health Expansion



- Recruitment and Retention of Oral Health Care Professionals
- Impact of State Medicaid Program Reductions

New Programs On the Horizon?



- Community Dental Volunteers
- Health Care Safety Net Improvement Act HR 3450

USA

Freedom Corps

The President's Call to Service

"AMERICA NEEDS MEN AND
WOMEN WHO RESPOND TO
THE CALL OF DUTY, WHO
STAND UP FOR THE WEAK,
WHO SPEAK UP FOR THEIR
BELIEFS, WHO SACRIFICE FOR
A GREATER GOOD."

★ EVERYONE CAN DO SOMETHING ★

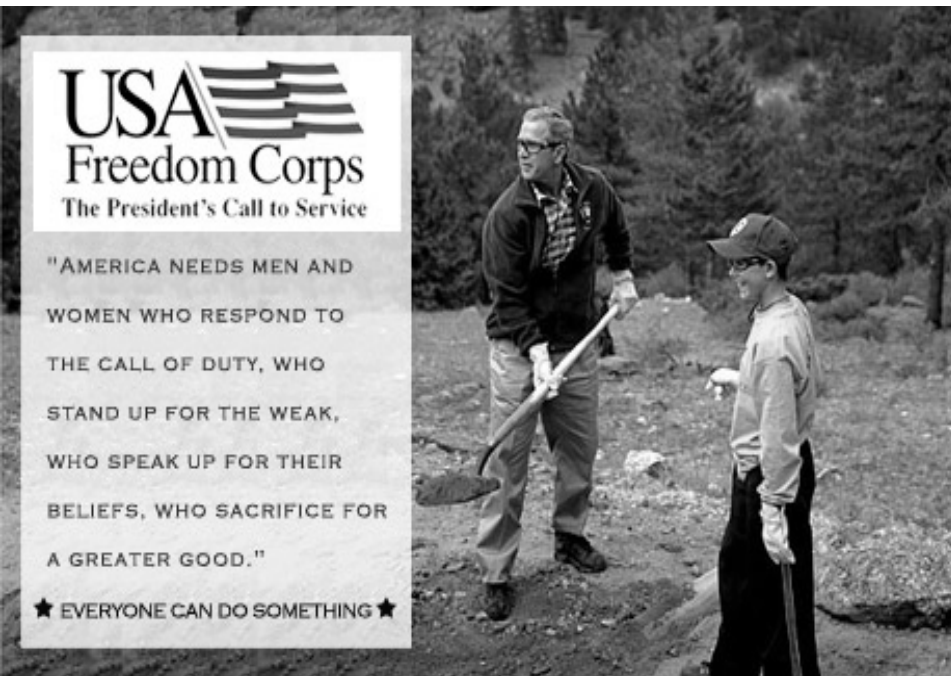


HRSA Community Dental Volunteers: A Proposal



- Complementary Program to President's Health Center Initiative
- Develops a volunteer oral health professional workforce to serve in low income communities
- Links with existing community based organizations and Health Centers
- Establishes new capacity in communities that do not have access

HRSA Community Dental Volunteers: A Proposal



- Establishes linkages with local Dental Societies, Dental Schools, Dental Hygienist Associations
- Coordinates volunteer participation

Health Care Safety Net Improvement Act HR 3450

- Expands availability of dental health services
- Increases Dental participation in National Health Service Corp (NHSC) Scholarship and Loan Repayment Program
- Health Centers automatically eligible for Dental Health Professional Shortage Area Program and NHSC placement
- Grants made available for expanded delivery of service in rural areas
- Authorizes \$50 million over 5 years for Grants to States to develop innovative dental workforce and service programs